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#84

**UNITED STATES DISTRICT COURT  
 CENTRAL DISTRICT OF CALIFORNIA**

LISETH AGUIRRE, on behalf of herself and others similarly  
 situated,

CASE NUMBER

5:25-cv-01161-JGB (SPx)

Plaintiff(s)

v.  
 OPTUM HEALTH PLAN OF CALIFORNIA

Defendant(s).

**(PROPOSED) ORDER ON APPLICATION OF NON-  
 RESIDENT ATTORNEY TO APPEAR IN A  
 SPECIFIC CASE *PRO HAC VICE***

**The Court, having determined whether the required fee has been paid, and having reviewed the Application of  
 Non-Resident Attorney to Appear in a Specific Case *Pro Hac Vice* filed by**

Flynn, Virginia B.

of

Troutman Pepper Locke LLP  
 301 S. College Street, 34<sup>th</sup> Floor  
 Charlotte, NC 28202

*Applicant's Name (Last Name, First Name & Middle Initial)*

704-916-1509

704-998-4051

*Telephone Number*

*Fax Number*

virginia.flynn@troutman.com

*E-Mail Address*

*Firm/Agency Name & Address*

**for permission to appear and participate in this case on behalf of**

Optum Health Plan of California

*Name(s) of Party(ies) Represent*

☐ Plaintiff(s) ☒ Defendant(s) ☐ Other: \_\_\_\_\_

**and designating as Local Counsel**

Vedro, Jessamyn E.

of

Troutman Pepper Locke LLP  
 350 South Grand Ave., Suite 3400  
 Los Angeles, CA 90071

*Designee's Name (Last Name, First Name & Middle Initial)*

280209

213-928-9800

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*Designee's Cal. Bar No.*

*Telephone Number*

*Fax Number*

Jessamyn.vedro@troutman.com

*E-Mail Address*

*Firm/Agency Name & Address*

**HEREBY ORDERS THAT the Application be:**

☐ GRANTED

☐ DENIED:

☐ for failure to pay the required fee.

☐ for failure to attach a Certificate of Good Standing issued within 30 days prior to filing of Application.

☐ for failure to complete Application: \_\_\_\_\_

☐ pursuant to L.R. 83-2.1.3.2: ☐ Applicant resides in California; ☐ previous Applications listed indicate Applicant is regularly employed or engaged in business, professional, or other similar activities in California.

☐ pursuant to L.R. 83-2.1.3.4; Local Counsel: ☐ is not member of Bar of this Court; ☐ does not maintain office District.

☐ because \_\_\_\_\_

**IT IS HEREBY FURTHER ORDERED THAT the Application fee, if paid:** ☐ be refunded ☐ not be refunded.

**Dated:** Click here to enter a date.

**U.S. District Judge/U.S. Magistrate Judge**